

<i>SERFF Tracking Number:</i>	<i>LBLI-126649993</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Liberty Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>46311</i>
<i>Company Tracking Number:</i>	<i>LTR3008UWP(06-10)</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium</i>
<i>Product Name:</i>	<i>Involuntary Unemployment Waiver of Premium Benefit</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: Liberty Life Insurance Company	SERFF Tr Num: LBLI-126649993	State: Arkansas
Product Name: Involuntary Unemployment Waiver of Premium Benefit		
TOI: L04I Individual Life - Term	SERFF Status: Closed-Approved-Closed	State Tr Num: 46311
Sub-TOI: L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium	Co Tr Num: LTR3008UWP(06-10)	State Status: Approved-Closed
Filing Type: Form	Author: Jennifer Brett	Reviewer(s): Linda Bird
	Date Submitted: 07/26/2010	Disposition Date: 08/03/2010
		Disposition Status: Approved-Closed
Implementation Date Requested: On Approval		Implementation Date:
State Filing Description:		

General Information

Project Name:	Status of Filing in Domicile: Pending
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 08/03/2010	Explanation for Other Group Market Type:
	State Status Changed: 08/03/2010
Deemer Date:	Created By: Jennifer Brett
Submitted By: Jennifer Brett	Corresponding Filing Tracking Number:
Filing Description:	
Liberty Life Insurance Company has prepared an involuntary unemployment waiver of premium rider, form number LTR3008UWP(06-10), for your review and approval. This form is new and not intended to replace any form currently on file.	

This form is an inherent benefit that will waive premiums for up to six months if the insured becomes involuntarily unemployed. It is a one-time benefit at no cost to the insured. The issue ages for this rider are 18 – 60. Please refer to

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the actuarial memorandum for more details.

This rider will be used with the following level term life policy form numbers:

Form Numbers and Approval Dates:

LTP3000NSI(06-09), et al., 8/3/2009
 LTP3001NUW(06-09), et al., 11/18/2009
 LTP3002NSR(10-09), et al., 11/18/2009
 LTP3003NUR(10-09), et al., 12/1/2009

Thank you in advance for your time and attention to our filing. If you have any questions or require additional information, please feel free to contact me.

Sincerely,
 Jennifer Brett

Company and Contact

Filing Contact Information

Jennifer Brett, Compliance Analyst II	jennifer.brett@rbc.com
2000 Wade Hampton Blvd	864-609-1129 [Phone]
Greenville, SC 29615	864-609-1039 [FAX]

Filing Company Information

Liberty Life Insurance Company	CoCode: 61492	State of Domicile: South Carolina
2000 Wade Hampton Blvd	Group Code:	Company Type:
Greenville, SC 29602	Group Name:	State ID Number:
(864) 609-1172 ext. [Phone]	FEIN Number: 44-0188050	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$20.00
Retaliatory?	No
Fee Explanation:	1 form @ \$20/form = \$20.00
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Liberty Life Insurance Company	\$20.00	07/26/2010	38277108
Liberty Life Insurance Company	\$30.00	08/03/2010	38487892

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	08/03/2010	08/03/2010

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	08/03/2010	08/03/2010	Jennifer Brett	08/03/2010	08/03/2010

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Disposition

Disposition Date: 08/03/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Form	Involuntary Unemployment Waiver of Premium Benefit		Yes

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 08/03/2010
Submitted Date 08/03/2010
Respond By Date 09/03/2010

Dear Jennifer Brett,

This will acknowledge receipt of the captioned filing.

Objection 1

No Objections

Comment: Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$30.00 is received.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

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Response Letter

Response Letter Status Submitted to State
Response Letter Date 08/03/2010
Submitted Date 08/03/2010

Dear Linda Bird,

Comments:

Response 1

Comments: Thank you for your letter today. Please note we have applied an additional \$30.00 to the EFT fees. Also, we have updated our procedures to show the revised fees (Regulation 57, effective January 2010).

Related Objection 1

Comment:

Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$30.00 is received.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Jennifer Brett

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Form Schedule

Lead Form Number:

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	LTR3008UWP(06-10)	Policy/Cont Involuntary ract/Fratern Unemployment al Waiver of Premium Certificate: Benefit Amendmen t, Insert Page, Endorseme nt or Rider	Initial		65.800	LTR3008UWP(06-10).pdf

Liberty Life Insurance Company

Home Office: 2000 Wade Hampton Boulevard Greenville, SC 29615

Mailing Address: PO Box 19010 Greenville, SC 29602

INVOLUNTARY UNEMPLOYMENT WAIVER OF PREMIUM BENEFIT

Provides Waiver of Premium Benefit for Involuntary Unemployment

attached to and made a part of the Policy

Benefit: If you become Involuntarily Unemployed while the Policy is in Full Force, we will waive payment of each premium for up to six months which falls due provided:

- (a) your Involuntary Unemployment begins at least 24 months after the Effective Date of the Policy; and
- (b) you have been Involuntarily Unemployed for the four-week Elimination Period.

If you qualify for benefits under this coverage for a period less than six months and you subsequently become Involuntarily Unemployed within two months of the end of the last period of Involuntary Unemployment no new Elimination Period will be required. However, if you become Involuntarily Unemployed more than two months after the end of the last period of Involuntary Unemployment, a new Elimination Period will be required. Once premiums have been waived under this Benefit for a total of six months, coverage under this Benefit terminates.

If Involuntary Unemployment begins during a Grace Period, payment of overdue premium is required to avoid a lapse of insurance before the Company approves the claim for the waiver benefit.

Premiums waived by the Company will not be deducted from the Policy proceeds. If premiums are being waived, all benefits included under the Policy will continue in Full Force.

Until the Company approves the claim, payment of premiums when due is required to avoid a lapse of insurance. If premiums are later waived due to your continued Involuntary Unemployment, premiums paid, that would have been waived, prior to the approval of the claim will be returned.

Elimination Period: The Elimination Period for this Benefit is four continuous weeks of unemployment where you are receiving state or federal unemployment benefits. No premium will be waived during the Elimination Period.

Involuntarily Unemployed or Involuntary Unemployment means you are not employed and are receiving state or federal unemployment benefits.

Notice of Claim: Written Notice of claim and due proof of Involuntary Unemployment must be received at our Home Office within 90 days after the Elimination Period or the claim will not be valid.

Proof that Involuntary Unemployment Continues: We have the right to request proof of continued Involuntary Unemployment as often as it may reasonably be required while a claim is being considered or paid. Premiums will cease to be waived and will become payable as provided in the Policy on the first to occur of:

- (a) the entire six month benefit has been paid; or
- (b) your failure to furnish proof of continued Involuntary Unemployment within 30 days of our request; or
- (c) you are no longer Involuntarily Unemployed.

Termination: This coverage will terminate on the first to occur of one of the following events:

- (a) lapse, surrender or termination of the Policy;
- (b) a total of six months of premiums have been waived under this Benefit; or
- (c) the Policy Anniversary following your 65th birthday.

Termination will not affect our payment of any existing claim.

Consideration: There is no specific premium for this Benefit.

Policy Provisions: This coverage is part of the Policy to which it is attached.



Secretary

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachment: Readability.pdf		

READABILITY COMPLIANCE CERTIFICATION


1. Insurer: Liberty Life Insurance Company
PO Box 789
Greenville, South Carolina 29602-0789
2. Certification: I hereby certify that the form listed below produces a Flesch reading ease score which meets the minimum score required in your state.

In addition, I certify that the form is printed in 10 point type, one point leaded. The words and terminology exempted are: (a) all words and terms defined in the forms, (b) all captions and subcaptions, (c) all tables and schedules, and (d) all medical terms. All exempted items are permitted in your state.

READABILITY SCORE

<u>Name of Form</u>	<u>Form Number</u>	<u>Flesch Score</u>
Involuntary Unemployment Waiver of Premium Benefit	LTR3008UWP(06-10)	65.8

July 26, 2010
Date



Jennifer Brett
Compliance Analyst II Policy Forms/Compliance